### MISSISSIPPI STATE BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

### **Initial License Application**

( Use for Social Work Licensure/ Student Approval to Take ASWB Examination) (Please type or print in ink)

Date:		(Please use legal name that is identified on your driver license or social security card)						
Name	:(Last)	(First)	(Middle	/Maiden)				
<b>(</b> ,		` ,	(Middle/Maiden) Telephone No.()					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			receptions 1101(					
	(City)	(State)	(Zip Code)	(County)				
Social	Security Number:		Date of Birth					
Race:		Sex: Male Female U.S	. Citizen: No Yes Yes	Legal Alien: No Yes				
Place	of Employment:							
Public	Agency Private Ag	gency Title of Position:						
Business Address:			Telephone No. ()					
	(City)	(State)	(Zip Code)	(County)				
If upg	rading, give license number		( ]					
1.	License applying for (ch	neck one) See regulation for qualific	cations at each level. Social W Master Social W Certified Social Wo	· —				
2.	accredited by the Counc	n fifteen (15) hours of graduation from il on Social Work Education (CSWE) (SACS)? If you are not a student, sk	or Southern Association	No Yes Yes				
3.	Please have the Dean or 15 hours of graduation:	Chair of your Social Work Departme	nt sign below to verify that you are	within				
		Dean or Social Work Chair	ir Date	<del></del>				
	Name of College or Un	iversity:						
4.	Which social work degree	ee do you possess :BSW	_MSWDSW/Ph.D	N/A ( Student)				
5.	Is your school accredited	d by SACS	BOTHOTHE	₹				
Initi	al License Applicat	ion Processing Fee: \$25.00	(Cashier's Check or Money Order, payal	ble to MSBOESWMFT)				
		(NON-RE	CFUNDABLE )					
	Office Use Only: er's Check or Money Order	#: Amount: \$	Date:					
Name	on check, if different from	n licensee:						

#### MISSISSIPPI STATE BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

6.	Have you ever been licensed as a social worker in this state?  If yes, what was your license number:		No		Yes			
7. Have you ever been licensed or registered as a social worker in another state? If yes, complete the Reciprocity/Information Verification Form and send it to the state of previous licensure.			No		Yes			
8.	Have you ever had a license or permit encumbered in any way? If yes, has the decree changed? Attach a full explanation.		No		Yes			
9.	. Has any court ever declared you mentally incompetent? If yes, attach an full explanation.				Yes			
10.	O. Have you ever been convicted of any crime or violation of law (except minor traffic violations)? If yes, attached a full explanation.				Yes			
11.	I. I have enclosed my initial license application processing fee (non-refundable) and current passport-like photo.				Yes			
12.	I understand that licensure as a social worker requires the following infor completed and submitted to the Board for review it regularly scheduled be approval: Form 266, Form 267- verification of education, criminal history check and passing score on the applicable ASWB examination.	oard meeting for y information	No		Yes			
13.	I understand that my application for licensure as a LSW or a LMSW shall be considered abandoned if the ASWB exam has not been attempted within six (6) months from the date on which the application was filed. An application for LCSW shall be considered abandoned if the ASWB exam has not been attempted within six months from the date on which the Board approved the termination of supervision. Any subsequent application shall be treated as a new application.							
	( Notary Seal)							
Subsci	ribed and sworn to before me this day of start approximately a start approximately	I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief.						
Му со	mmission expires on							
		Applicant's S	Signat	ure	Da	ate		
	Notary Public							

## Current Passport-Like Photo of You Facing Forward

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Complete form, make cashier's check or money order payable to **MSBOESWMFT** and mail to:

MS Board of Examiners for SW/MFT Post Office Box 4508 Jackson, MS 39296-4508



### Mississippi State Board of Examiners for Social Workers and Marriage & Family Therapists

Jackson, MS 39296-4508 Post Office Box 4508 601-987-6806/Fax: 601-987-6808 www.swmft.ms.gov

### January 3, 2010

### **Dear Applicant:**

Some of the general requirements for social work licensure in Mississippi is a social work degree from an CSWE or SACS accredited program, an acceptable current criminial history record information check, and a passing score on the appropriate Association of Social Work Boards (ASWB) social work exam. The Board requires the completion of the verification of education form, initial license application form, and a criminal history information check.

Please complete the initial license application form (form 266) notarize it and send the completed form along with the \$25.00 application processing fee to our office. You must also complete the top portion of the verification of education form (form 267), notarize it and send it to the college or university where you receive your social work degree. After they verify your degree they will forward the form to our office.

Upon receiving both forms, the Board will approve you to sit for the exam and mail you the ASWB Candidate Handbook and an approval letter. The Candidate Handbook instructs you on how to apply to take the exam. Beginning January 1, 2010, the basic and intermediate (masters)exam will be \$230.00 and the advanced and clinical exam will be \$260.00. Those fees must be paid to ASWB. You must wait 14 days after your payment is received by ASWB before calling them to make an appointment to take the exam.

Beginning January 1, 2011, the exam will be given at two (2) locations: Pearson Professonial Center (Jackson),1755 Lelia Drive, Suite 404, Jackson, MS 39211 and Pearson Professional Center (Tupelo), 431 W. Main St., Suite 340, Tupelo, MS 38801. . It is no longer given at the previous ACT sites. You may view the new list of available test sites at www.aswb.org

As of April 1, 2009, the rules and regulations governing Mississippi's licensure of social workers and marriage and family therapists require a criminal history record information check and a sex offender registry check for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application.

The appropriate form and instructions necessary to secure the background checks will be mailed to you upon the Board receiving your complete application for licensure.

The completed criminal history and sex offender registry checks must be received by the Board office before an individual's application will be considered for licensure. Any fees associated with obtaining a background check is the responsibility of the applicant. January 4, 2010, the cost of the background check conducted by the Mississippi Department of Public Safety is \$32.00, payable by money order to the Mississippi Department of Public Safety. Criminal violations found on the background checks may delay your licensure.

# SW SW MFT

### Mississippi State Board of Examiners for Social Workers and Marriage & Family Therapists

Jackson, MS 39296-4508 Post Office Box 4508 601-987-6806/Fax: 601-987-6808 www.swmft.ms.gov

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If an applicant has met all of the general requirements stated in the state laws and the rules and regulations governing the licensure of social workers including a acceptable background and sex registry check, your application shall be presented to the Board for licensure at their regularly scheduled monthly meeting. After approval, the Board will request in writing that you submit your license fee. The license fee for LSW is \$70.00 and \$100.00 for LMSW and LCSW.

Sincerely,

Billy Dilworth

Executive Director

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Attachment: Initial (Student) Application (Form 266)